(3) Mr. Goel, the complainant was also contacted, but he refused to part with the bottle which was allegedly found to be contaminated. However, it was found that the seal of the bottle was missing and the rubber bung per forated.

(4) Since tha manufacturer of the drug is situated in Gujarat, the matter has been referred to Commissioner, Food and Drug Administration, Gujarat for appropriate action.

'Seminar on deserts, man and health by I.C.M.R.

916. SHRI CHATURANAN MISHRA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to -state:

(a) whether a National Seminar on Deserts, Man and Health was organised ••on 30th May to 1st June, 1981 by SMS Medical College, Jaipur with support from ICMR and other organisations with participation of many scientists; and

(b) whether it is a fact that many valuable recommendations were made on family planning, medicinal plants, natu ral calamities,' unconventional food, safe water, rodents; and livestock and if so, the details thereof indicating steps taken to implement the various recommenda tions and results thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE); (a) Yes, Sir.

(b) The seminar adopted the following - recommendation:—

(i) A "Desert Medicine Research, Unit", should urgently be established in Rajasthan attached to one of its teaching institutions with a net work of field stations. One 'Cell' be set up in the Medical Directorate, Govern ment of Rajasthan, with suitable infra structure at intermediary and periphe ral levels.

(ii) A task force be constructed at ICMR which will co-ordinate activities at international level and make efforts to seek financial and other assistance available with the organisations like W.H.O., UNEP, UNESCO etc.

(iii) This 'Desert Medicine Re-search unit should preferably be estab-lished by ICMR else by Department of Science and Technology|ICARjCSIR, Central Government, adequately funded, equipped and staffed.

(iv) This research unit should largely work in the light of recommendations made by thi$_s$ Seminar and develop its own model to provide health for all by 2000 A.D., and in times to come to be raised to an Institute wherein people from other desert countries may seek help and guidance.

(1) Its major persuit will be health and family planning surveys, j» continuous epidemiological moni-toring surveillance especially after spread of irrigation from Rajasthan Canal, work on man's adaptation to climate etc.

(2) Some projects in collabor&i tion with institutions like CAZRI who are already well advanced and working since decades^ will be useful.

(3) Existing knowledge in different disciplines working for desert development, related to human health, to be pooled in this Tesearch unit and made /available to desert medicine research workers. Frequent /Jf seminars and workshops be organised by this unit on the topics of immediate importance.

(4) Task of orientation of medicalpersonnel and other scientists required for research in desert medicine be performed by this Unit.

(v) Some fellowships be offered through international agencies for visits to •the areas "with adequate research establishment in respect of desert health, care research.

(vi) Armed forces can also be bene-fited by work and information gathered by this unit.

(vii) This research unit can be an instrument in narrowing the wide gap between research and actual application in the field, and taking research from Lab. to Land.

II. Planners and decision makers at all levels be stressed the need and usefulness of the "Desert, Medicine Research Unit", while framing plans, aimed at desert development, like Desert Development Programme and Drought-prone Areas Development Programme.

The Indian Council of' Medical Research has already established a Desert Medicine Research Centre at Jodhpur, The details of the activities of the Centre are given in the attached Statement.

Statement

Desert Medicine Research Centre was established in 1984 with the objective of identifying the health problem .of desert and to suggest measures to realise' the goal of health for all for the people in the desert area. The first major task undertaken by the Centre was to organise a health survey in the three districts of Jodhpur, Jaipur and Bikaner. The survey which included sociological, clinical, nutritional and entomblogical studies, was aimed at covering 1250 households drawn from a desert district, a non-desert district and a desert district which experienced developmental activities. Standardisation of procedures and protocols and training of research personnel" was completed by November, 1988. During the period November, 1986 to October, 1987, nearly 35 per cent of the target households were covered. Extensive information has been generated. Preliminary analysis of data has revealed the following:—*i*

Grade III malnutrition among preschool children was more in Bikaner than in other districts; about 10 per cent of school children and adults and hypovitaminosis A; vectors 1'ke A. Stephensi and P. papatasi were commonly found in household in all three districts, while presence of Culex p'settdovishnui' and 'Aeries aeghpti"has* also been noted.

In view of the severity of drought (for varying durations) the DMRC carried out a 'rapid survey' of six drought affected districts of Rajasthan (Jodhpur, Jalore, Sikar, Nagpur, Barmer and Jaisalmer) in October—November, 19i?7 in order to assess the import of drought on cereal consumption patterns, and to quantify the magnitude of nutrition deficiency disorders. The findings of the survey indicated that Barmer district was worst affected, with weight deficits in children below five years, and prevalence of over-nutritional deficiency signs (particularly Vitamin A deficiency) in alarming proportions. The Government Of Rajasthan has been apprised of the situation. The data generated by the comprehensive survey and the 'rapid surveys' are likely to serve as a baseline to assess the impact of the drought from time to time.

At the request of the Government of Rajasthan, the DMRC has also carried out a massive Vitamin A distribution programme in Chohtan Tehsil (the worst affected tejhsil in Barmer district) in February|March, 1988, covering 82,260 people in 144 villages. In addition, the DMRC is providing technical assistance for a 'Community. Kitchen' being run by a voluntary agency in Chohtan Tehsil.

Delay Sn completttton of Caddapab air-strip

917. SHRI YALLA SESI BHUSHANA RAO: Will the Minister of CIVIL AVIATION be pleased to state:

" (a) whether it is a fact that the sanction of requisite finance to complete work on a 'runway in the Cuddapah airstrip was delayed;

(b) if so, what are the' reasons for inordinate delay in restarting the Hyderabad-Cuddapa'h air Service which, was introduced in April, 1985 but was discontinued after one month;

(c) what are the reasons that air services between Hyderabad-Raichur, HydeTabad-Gulbarga and Nagarjnnsagar-Tirupati have not started so far;